

rational and reliable, of affording relief, sometimes temporary but often permanent, to intractable cases of ascites, seems to me a very fair conclusion to draw from the accumulated evidence.

REPORT OF A CASE OF EXTENSIVE DISSECTING ANEURISM OF THE AORTA.

BY HERBERT SWIFT CARTER, M.D.,
OF NEW YORK.

THE specimen which is the subject of this paper was presented at the May meeting of the New York Pathological Society, 1900, and it has been thought worth while reporting it more in detail, presenting, as it does, several points of considerable interest, and as a small contribution to the literature on the subject.

Unfortunately, there is no clinical history or ante-mortem examination of the patient to offer, and on this account the report is rendered less valuable from a clinical stand-point; pathologically, however, it is of interest as illustrating the possibility of the maintenance of the circulation in spite of such decided anatomical irregularities (which must have existed for a long time previous), and showing, post-mortem, so few evidences of a disturbed circulation. The autopsy, beside resulting in the finding of this aneurism, simply determined the fact that the patient died of a chronic interstitial nephritis, and is otherwise devoid of interest.

Post-mortem Notes. Man, aged eighty years, mendicant, very poorly nourished. Heart shows moderate hypertrophy of the left ventricular wall; kidneys are small, granular, cystic, and very hard; bloodvessels throughout the body are, so far as examined, dilated about one-third larger than normal size.

Examination of Aorta. The entire arch is dilated in common with the other arteries of the body. Ostia of innominate, left common carotid, and left subclavian very large. At the junction of the descending part of the arch with the thoracic aorta is seen the point of rupture, of intima, and part of media where the dissecting aneurism begins, this having taken place in the anterior wall. Here it is seen that there are two aortic tubes with a common interwall lying antero-posterior to each other, and dividing below into double common iliacs. At the point above where the dissection begins one finds three distinct openings:

1. The opening into the continuation of the true aorta, which is posterior.
2. The opening into the dissecting aneurism, anteriorly.
3. An opening which leads into a small, sacculated aneurism, 6 x 4 cm., on the left lateral aspect of the aorta, which is partially filled with laminated clot. Following the course of the aneurism, which has dissected its way along the entire aorta on its anterior aspect and along the common iliacs, giving double common iliacs, it is seen to termi-

Subsequently most of the patients presented symptoms of interference with the circulation from some chronic disease, as palpitation, dyspnoea, œdema, etc.¹²

To summarize the special points of interest in this case:

1. The generally dilated condition of arteries throughout the body.
2. The presence of an accompanying sacculated aneurism.
3. The fusiform dilatation of the dissecting aneurism above the origin of the cœliac axis, partially filled with laminated clot.
4. The dissection taking place anteriorly.
5. The complete transplantation of two branches of the aorta—left suprarenal and inferior mesenteric.
6. The original opening of the inferior mesenteric artery shown closed by a fibrous nodule.

BIBLIOGRAPHY.

1. Montreal Medical Journal, vol. xxiv., p. 945.
2. Journal of the Boston Society of Medical Sciences, 1897, vol. ii., No. 8, p. 134.
3. Ibid.
4. Pathological Transactions, 1863, p. 87.
5. Journal of the Boston Society of Medical Sciences, 1897, vol. ii., No. 8, p. 134.
6. Ibid.
7. Transactions of the Clinical Society of London, 1896, vol. xxx., p. 200.
8. Edinburgh Medical Journal, 1898, vol. iv., p. 162.
9. Montreal Medical Journal, 1895-96, vol. xxiv., p. 945.
10. Pathological Transactions, 1856, p. 106.
11. Clinical Transactions, 1897, vol. xxx., p. 202.
12. Transactions of the Pathological Society, 1863, p. 87.

ON THE SO-CALLED "IRRITABLE BLADDER" IN THE FEMALE.

BY FREDERIC BIERHOFF, M.D.,
OF BERLIN, GERMANY,

ASSISTANT, BERLIN GENERAL POLYCLINIC, DEPARTMENT OF GENITO-URINARY DISEASES; ASSISTANT
AND CYSTOSCOPIST, POLYCLINIC OF DR. RICHARD KNORR.

ONE of the frequent as well as very distressing conditions in the female which the general physician or the gynecologist is called upon to treat is that complex of symptoms which is generally called "irritable bladder." This name is applied to that condition in which the patient exhibits an abnormal frequency of urination, accompanied by a varying degree of tenesmus; in other words, where the symptoms do not, owing to the absence of pus in the urine, allow of a diagnosis of cystitis, and where the diagnosis of diabetes or nephritis cannot be made to account for the frequent urination, that of "a bladder neurosis" or "irritable bladder" results, for want of a more careful examination, in most instances. During recent years, however, competent and careful observers have, chiefly with the aid of the cystoscope, determined